

Name in Full:

Certificate of Death

John B. F. Barnes  
Tenn.  
Bykesville County  
Carroll

Died at

MARYLAND

Date of death  
1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age  
~~Married~~17 10 23  
~~Widow~~Md  
~~Divorced~~

Laborer

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of  
~~Wife~~Father's  
NameCause of  
PrimaryDeath  
Immediate

Reported by

Address

Mother's  
NameHow long sick  
~~dead~~

days &amp; 2 days

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05988



George Bier

Town

County

Died

at Elmbury, Carroll

MARYLAND

Date	Month	Day	Y	M.	D.	Native of	Occupation
1902	Dec	27	Age	84	10	Sherman	farmer
Male	White		Married			Widow	Broad
			Single			Widower	

Husband  
of

Catherine Bier

Father's

Name

Mother's

Name

Cause of

Primary

Senility

5X

How long sick

Death

Immediate

Bronchitis

4 weeks

Accident Suicide Homicide

Reported by

MD Morris, MD.

Elmbury, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant of Thos E. Bowers.

Town

County

Died

Eldersburg. Carroll

MARYLAND

Date 18902

Month Dec. 28

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

md.

and

Divorced

~~Father~~~~Child~~

Single

Widower

Number of children living -

Husband

of

2

Wife

Father's  
Name

Thos. E. Bowers

Mother's  
Name

Matilda Dees

Cause of

Primary

Death

Immediate

Brach presentation ♂

How long sick

Still born

-~~Accident Suicide Homicide~~

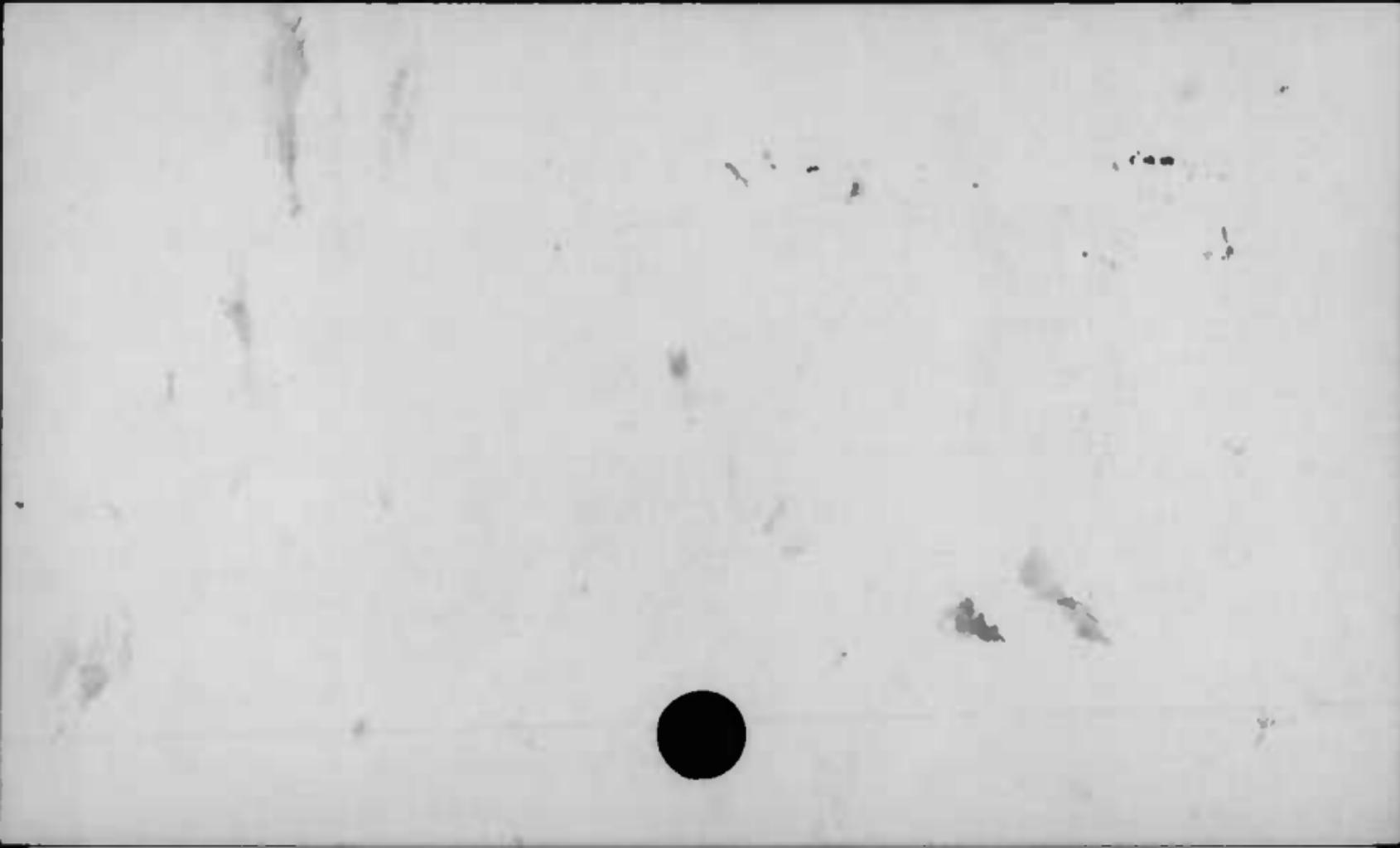
Reported by

Address

McMorris. Md.

Eldersburg. Md

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sallie Breydelwic  
Town New Windsor County

Died at MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	12	15	Age	29	9	10	Ma
	<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>		<u>None</u>
	Female	Colored	Single	<u>Widower</u>		Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

18 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

L P Baile - <sup>120</sup> Undertaker

Address

New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Name  
in  
Full

John Henry Brown

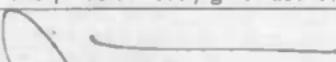
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Died at Sykesville			County	Carroll		
Date of death 1907	Month Dec	Day 24	Age 68	Years -	Months 6	Days 2	
Sex Male	Color or Race white			Birth-place Carroll Co Md			
Married, Single or Widowed Yes				Occupation Farmer			
Name of Wife or Husband Hannah A Brown							
Father's Name John Westley Brown				Father's Birthplace Carroll Co			
Mother's Maiden Name Elizabeth Allen				Mother's Birthplace Carroll Co			
Name of person giving information Hannah A Brown				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Necrosis of Tibia	How long 50 Years
Immediate	Paralysis of heart	How long immediate
Are the name, age, sex, color, date and place correctly given above?  		Signature of Physician Daniel B. Sprecher
		Address Sykesville
Accident or Suicide?		Maryland



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montgomery</i>		Town <i>Montgomery</i>	County <i>Montgomery</i>	MARYLAND		
Date of death <i>1902</i>	Month <i>12</i>	Day <i>14</i>	Years <i>77</i>	Age <i>77</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long
Immediate	<i>Scrupulous</i>	How long <i>2 years</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mamie

Dorsey

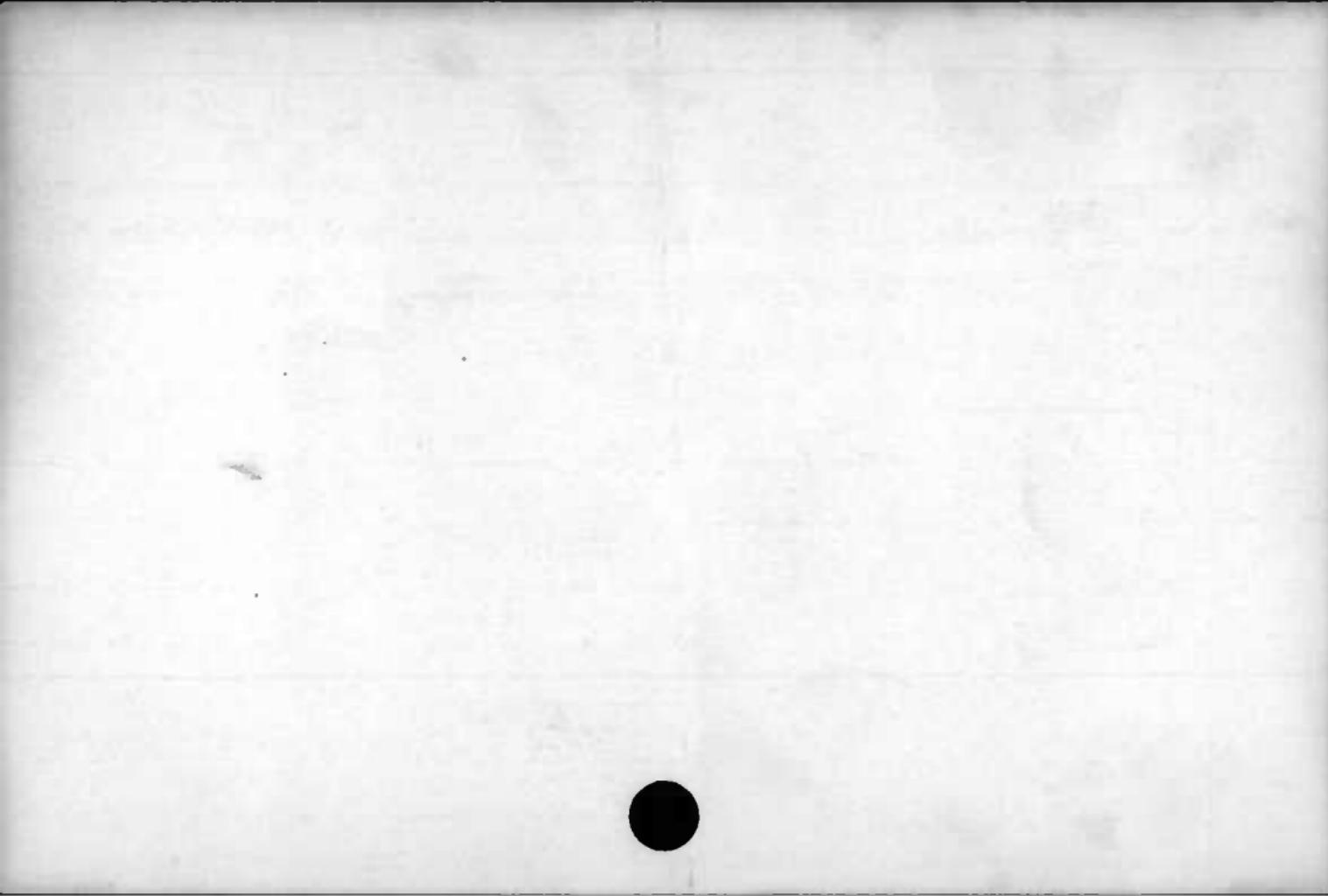
CERTIFICATE OF DEATH

MARYLAND

Died at <u>Sykesville</u>		Town <u>Town</u>		County <u>Carroll</u>			
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>4</u>	Age <u>19</u>	Years <u>19</u>	Months <u>7</u>	Days <u>24</u>	
Sex <u>Female</u>	Color or Race <u>African</u>			Birth-place <u>Sykesville</u>			
Married, Single or Widower <u>Married</u>			Occupation <u>House Girl</u>				
Name of Wife or Husband <u>Gustavas Dorsey</u>							
Father's Name <u>Robert Ennis</u>			Father's Birthplace <u>Fredts Co Md.</u>				
Mother's Maiden Name <u>Henrietta Green</u>			Mother's Birthplace <u>Howard Co "</u>				
Name of person giving information <u>George Green</u>			How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

Primary <u>Tuberculosis</u>	27	How long <u>8 mos</u>
Immediate <u>Convulsions</u>		How long <u>3 or 4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>Daniel B. Sprecher M.D.</u>
		Address <u>Sykesville Md</u>
Accident or Suicide?		



*Robert Ennis*

Town

County

Died at

Dynesville Carroll

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
2	Dec	7	48	-	-	-	Labover
Male	White	Age	Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	4

Husband  
~~of~~

*Theretta Ennis*

Father's  
NameMother's  
Name

Cause of

Primary

*Consumption*

How long sick

*10 mos*

Death

Immediate

*Heart Syncope*

Accident, Suicide, Homicide

Reported by

*S.B. Sprecher MD*

Address

*Sykesville  
Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Francis J Trizzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died	Own	County	MARYLAND
Date of death 190	Month 2	Day 14	Age 40 Years
Sex Male	Color or Race White	Occupation Widower	Birth- place Maryland
Married, Single or Widowed		Saddler	
Name of Wife or Husband	Lorusia Trizzell		
Father's Name	William Trizzell	Father's Birthplace	Maryland
Mother's Maiden Name	Catharine Baile	Mother's Birthplace	Maryland
Name of person giving Information	William N Bloom.	How related to deceased	Brother-in-law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Failure

How long

6 months

Immediate

Sclerosis of Liver

How long

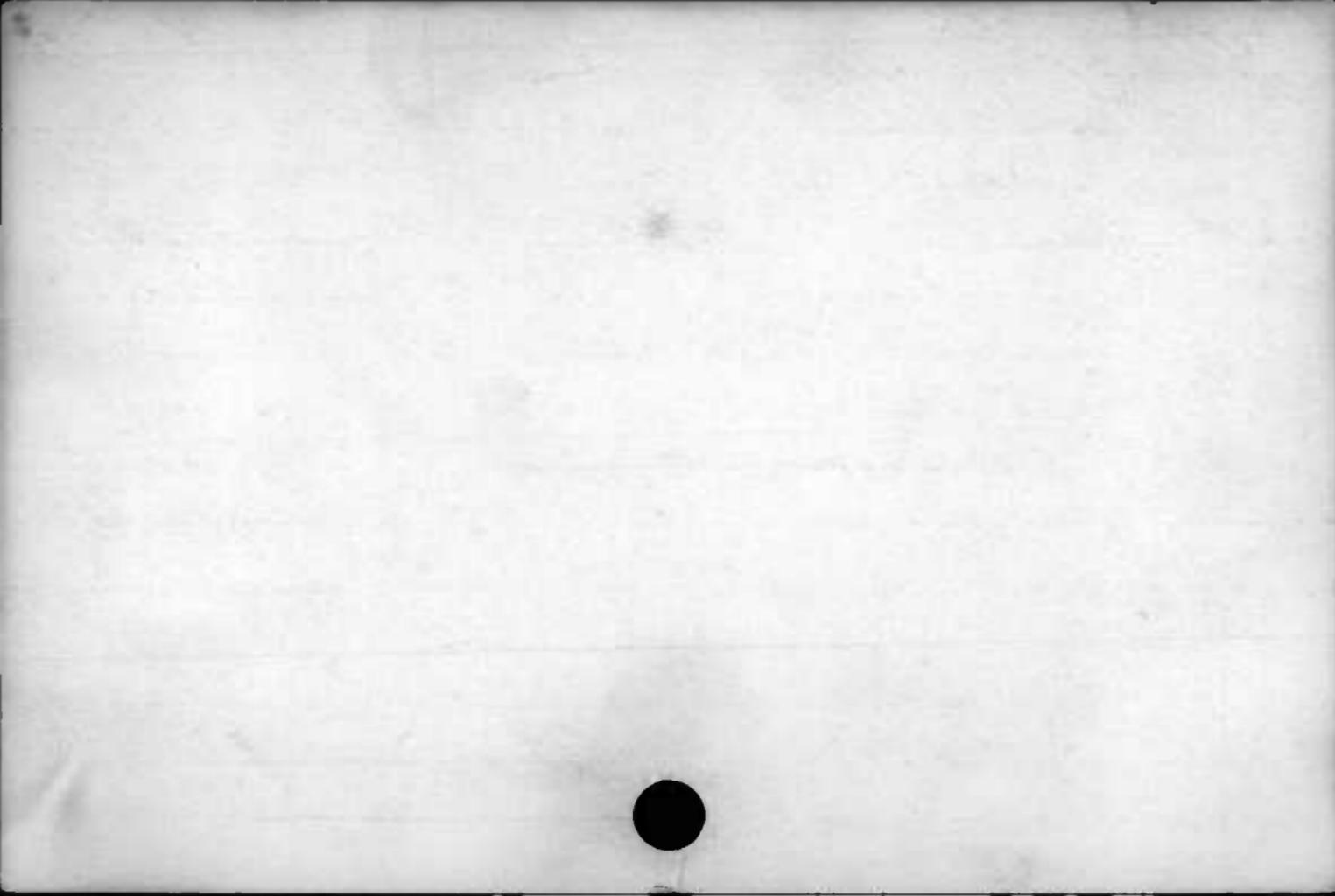
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. D. Coonan MD  
Westmoreland  
Md.

Accident or Suicide?



Name in Full

Certificate of Death

No 74

Edgar A. Griffin

Town

County

Died at Middlebury Carroll

MARYLAND

Date 1802	Month 12	Day 22	Age 11	M. -	D. -	Native of Carroll Co	Occupation -
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower		Number of children living	

Husband of \_\_\_\_\_

Wife

Father's Name

Lewis Griffin

Mother's Name

Mary Griffin

Cause of Death	Primary Cause Cholera Infantum	How long sick 2 weeks
Death	Immediate	Accident, Suicide, Homicide

Reported by

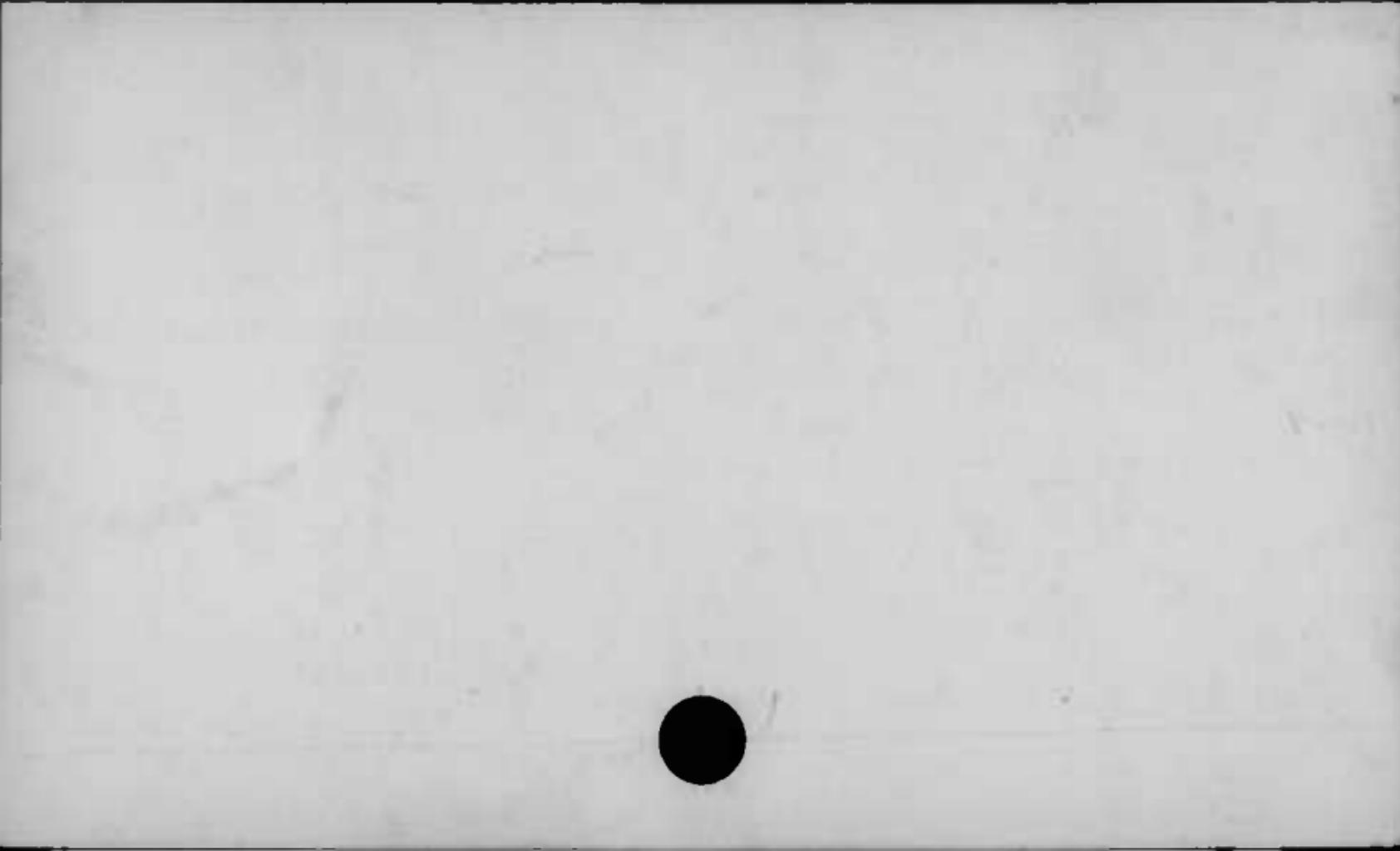
St. Albans Brown

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 18708



Name  
in  
Full

Annie Groff  
Towa

### CERTIFICATE OF DEATH

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Westminster</i>	County <i>Carroll</i>		MARYLAND		
Date of death 1902	Month Dec	Day 2	Age 46	Years	Months 6	Days	
Sex Female	Color or Race white	Occupation		Birthplace	<i>Maryland</i>		
Married, Single or Widowed Married			Husband				
Name of Husband Samuel Groff			Father's Name				
Mother's Maiden Name Julia Linnard			Mother's Birthplace				
Name of person giving information Samuel Groff			How related to deceased	<i>Husband</i>			

## CAUSES OF DEATH

## Primary

Appley

### How long

3 weeks

### Immediate

## Heart failure

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

### Address

Jas. H. Bellingsle a M.D.

Westminster Md

## ~~Accident or Suicide?~~



Morgan Harris  
 Town: Mt. airy County: Carroll  
 MARYLAND

Died at

Date 19

2

Month Day

Dec 26

Y. M. D.

22/09

Native of

Md

Occupation

Male

Age  
Married

Widow

Female

Single

Widower

Divorced

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

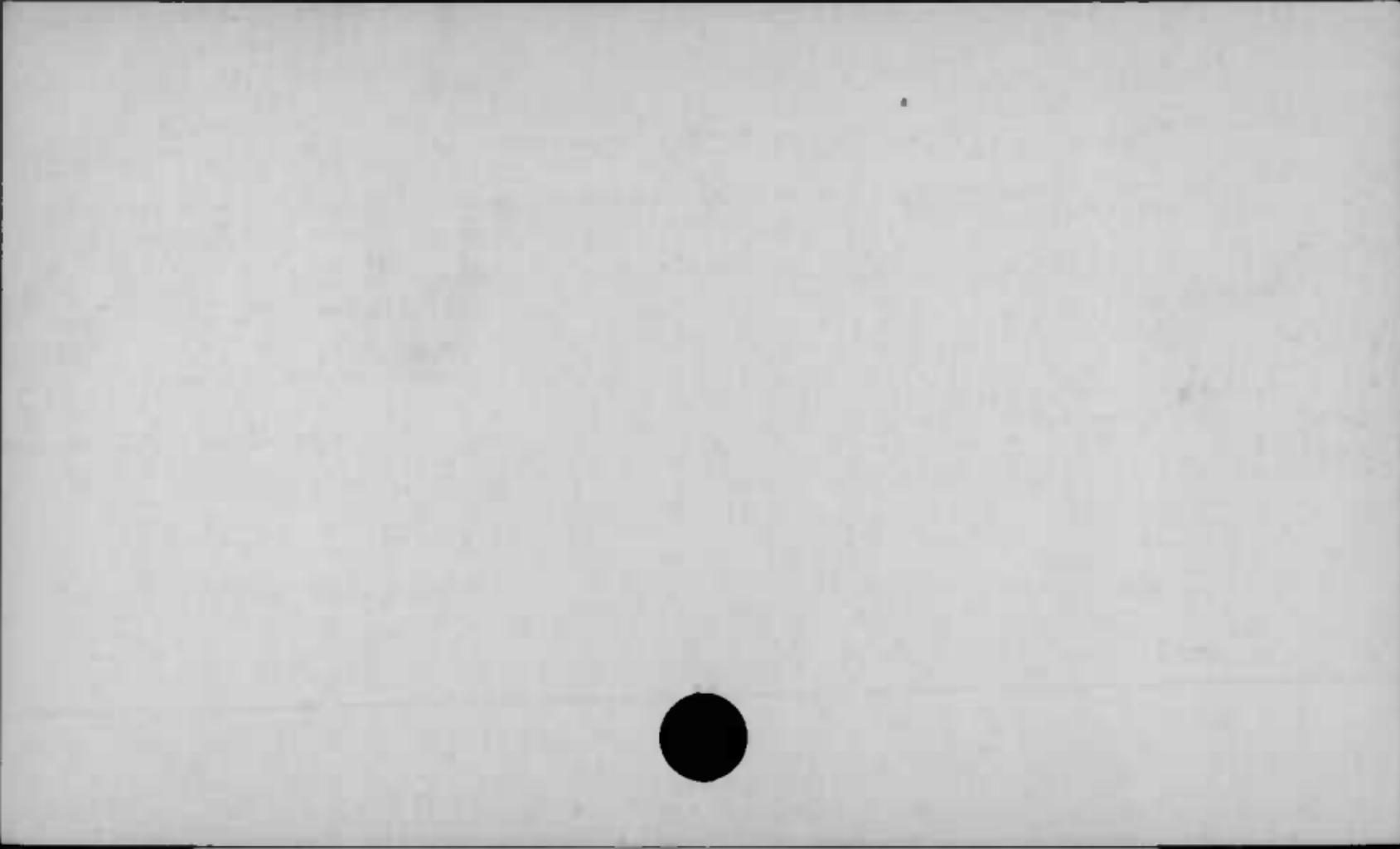
Accident, Suicide, Homicide

Reported by

Address

Accidental

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Harvey

Town

County

Died at

Graves Run

Carroll co

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

Dec 4

Age 74

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Sarah Harvey

Wife

Mother's

Father's

Name

Name

Cause of

Primary

Pneumonia

How long sick

5 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. Kish, M.D.

Graves Run

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan M. Hawk.

near Harvey County

Died at

MARYLAND

Date 1902 Month 12 Day 12

Age 58 Y. 9 M. 3

Native of MD

Occupation Housewife

~~Male~~

White

Married

Widow

~~Broad~~

Female

~~Get~~

~~Sing~~

~~Widower~~

Number of children living

8.

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Samuel Hawk.

John Wroh Mother's Julian Wroh

Maiden Name

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

20 G.H. Series.



Gaithersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Henry Kemper

Certificate of Death

Town  
Died at  
HarneyCounty  
Carroll

Dr Gardner

MARYLAND

Date  
1902Month  
12Day  
15Y.  
68M.  
7D.  
18Age  
Married

Widow

Native of  
Adams Co

Occupation

Pennsylvania Miller

Divorced

Male

White

Female

Colored

Single

Widower

Number of children living

Husband

of Sarah Ann Kemper 56

Mother's

Father's

Name

Name

Cause of

Primary

Alcoholism Excess

How long sick

Death

Immediate

Exposure

Accident, Suicide, Homicide

Reported by

Harry Gardner MD.

Address

Harney Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Clementine Kimmel

CERTIFICATE OF DEATH

289

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age 96	Birth- place	Maryland	
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Don't know			Father's Birthplace		
Mother's Maiden Name	Don't know			Mother's Birthplace		
Name of person giving Information	M. B. Shellenan			How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gold

How long

40+5 days

Immediate

Heart failure

How long

Death

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Jas. H. Billingslea M.D.  
Westminster Md.

Accident or Suicide?

T  
I



Name  
in  
Full

Hiram Klausman

CERTIFICATE OF DEATH

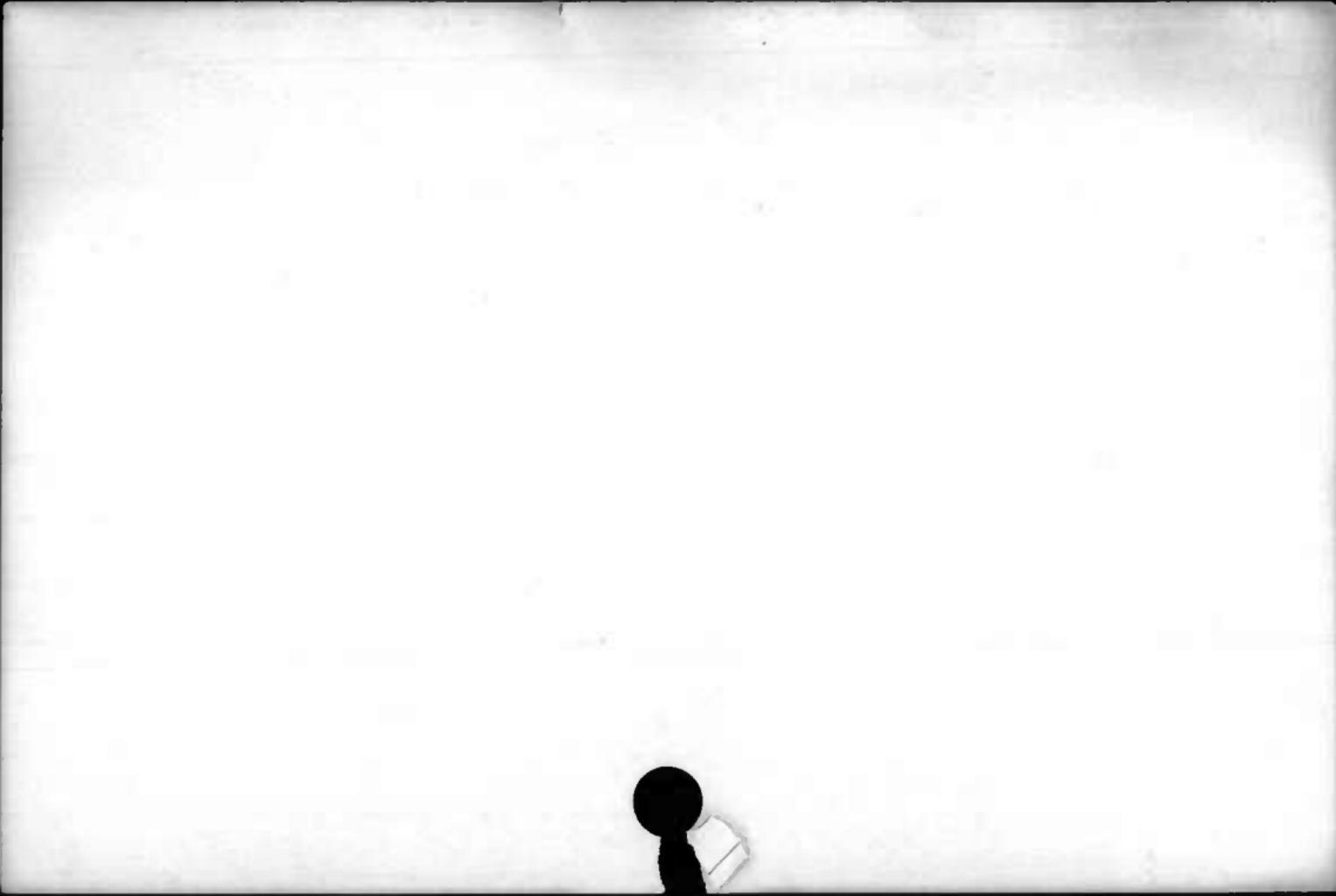
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	MARYLAND		
Date of death 1902	Month Dec	Day 16	Years Age 67	Months 10	Days 10
Sex Male	Color or Race White	Birth- place Balto. City			
Married, Single or Widowed Married	Occupation Shoemaker				
Name of Wife or Husband Sarah Klausman					
Father's Name Henry Klausman	Father's Birthplace Germany				
Mother's Maiden Name Katherine Bender	Mother's Birthplace Germany				
Name of person giving Information	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Apoplexy	How long 1 day
Immediate Heart Failure	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. S. N. Gorsuch
	Address Gambier Md
Accident or Suicide?	



Name  
in  
Full

Miranda Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
2 Dec	23	Age	90	11	—
Sex Female	Color or Race	White	Birth-place	Maryland	
Married, Single or Widowed	Widow	Occupation	None		
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving information	Geo Frost				
How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apoplexy

bx

How long

36 hours

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

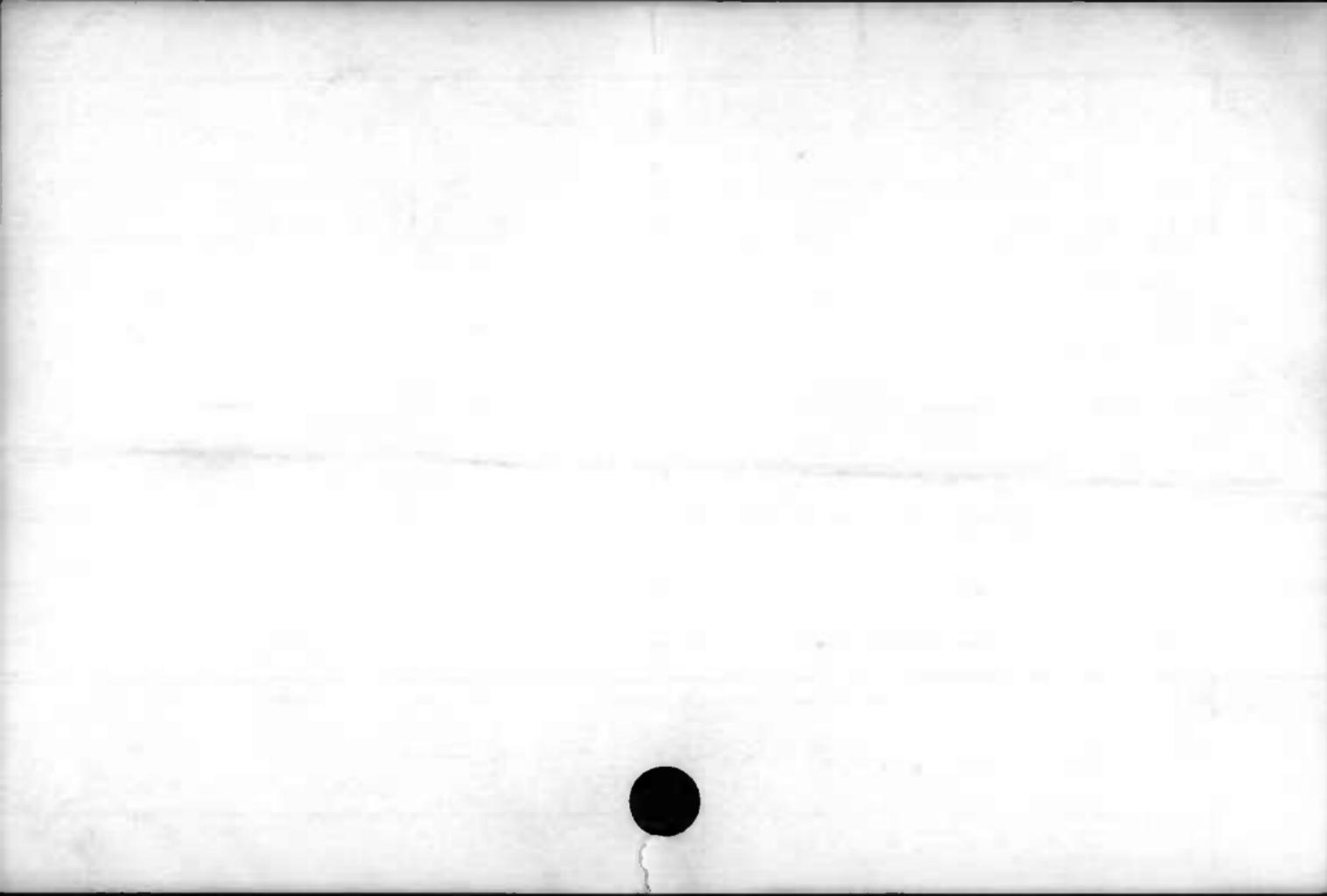
Signature of Physician

S.N. Gorsuch

Address

Gambier Rd

Accident or Suicide?



Name in Full

Certificate of Death

Rebecca Reaver  
 Town Louisville County Carroll

Died at Louisville MARYLAND  
 Date 1902 Month December Day 19 Age 82, 2, 2 Native of Maryland Occupation House-wife  
 White Married Widow  
 Female Colored Number of children living 5  
 — of Washington Reaver

Wife

Father's

Name

Cause of

Primary

Mother's

Name

Death

Immediate

How long sick  
4 weeks

Reported by

George T. Motter M.D.

Address

Glenmont, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Elizabeth Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1902 Dec</u>	Month <u>Dec</u>	Day <u>31</u>	Age <u>28</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>Widow</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed						
Name of Wife or Husband	<u>Charles A Reid</u>					
Father's Name	<u>Joshua Warfield</u>				Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information	<u>Wesley Davis</u>				How related to deceased <u>adopted son</u>	
CAUSES OF DEATH						
Primary	<u>Septicemic</u>			190	How long	<u>Seven weeks</u>
Immediate	<u>Uraemic</u>				How long	<u>Two weeks</u>

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

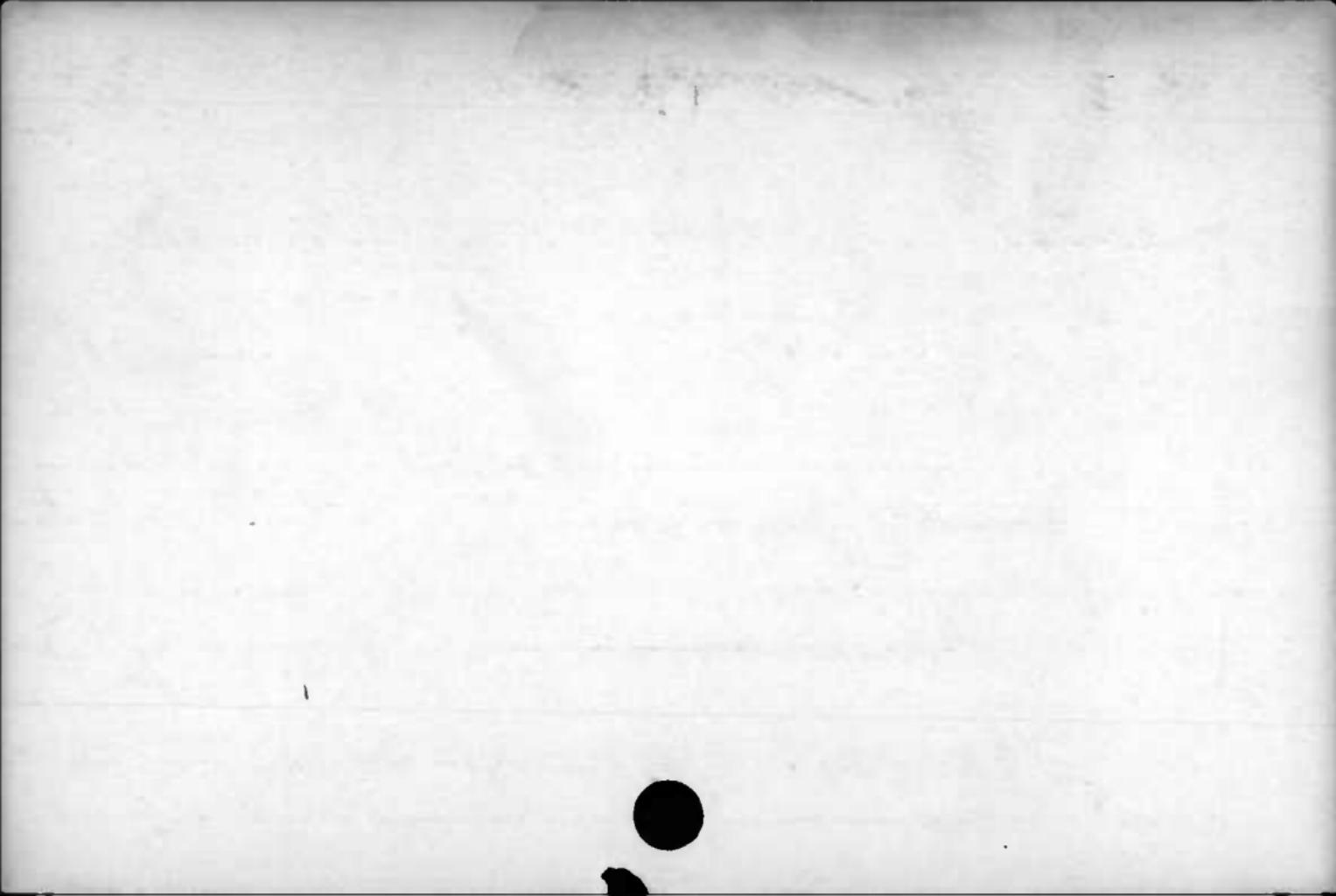
Signature of Physician

Address

Geo. J. Hartwig  
Westminster

Maryland

Accident or Suicide? —



*David Royer*

Town

County

Died at *Fryeburg**Carroll*

MARYLAND

Date 189	Month <i>OL</i>	Day <i>Dec. 5</i>	Age <i>40</i>	Y. M. D.	Native of <i>Carroll Co.</i>	Occupation <i>Farmer</i>
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living	<i>3</i>	

Husband of *Emma Smelser*

Wife *John Royer* Father's Name *Elizabeth Guinan*

Mother's Name *Johanna*

Cause of Primary *Pneumonia*

Death Immediate

How long sick

*5 days*

Accident, Suicide, Homicide

Reported by

Address

*Jacob Knuehart M.D.*  
*Fryeburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Joseph Scavoley*

(73)

Town

County

Died at

Union Bridge Carroll

Month

Day

M.

D.

Native of

Date 19 02

12 22

Age 60

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Occupation

MARYLAND

Machinist

2

Number of children living

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

La grippe

How long sick

10 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. Lurbin Brown M.D.  
Union Bridge.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank & Shannan  
University



Name  
in  
Full

Harry T Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Carroll County		MARYLAND	
Date of death	1902	Month 12	Day 1	Years 23	Months 3	Days 28
Sex	male	Color or Race	White	Birth-place	Hocksville	
Married, Single or Widowed			Occupation	Farmer		
Name of Wife or Husband						
Father's Name	Geo Taylor		Father's Birthplace			
Mother's Maiden Name	Mary Anna McGee		Mother's Birthplace			
Name of person giving information	Mother		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate *Pulmonary Tuberculosis* 3 yrs. How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

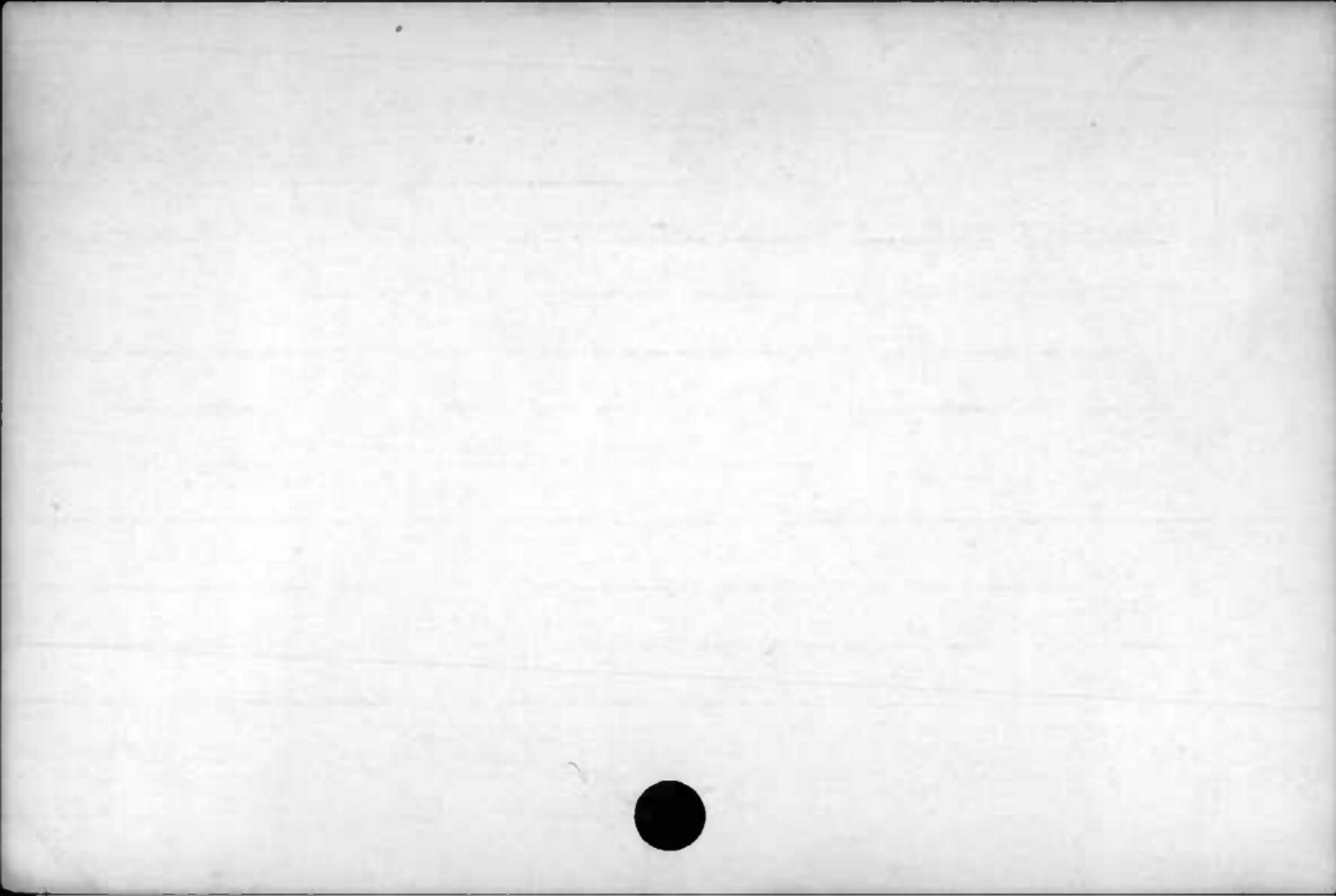
*yes*

Signature of Physician

Address

*Edgar M. Bush M.D.*  
*Hampstead, Md.*

Accident or Suicide?



Name in Full

Certificate of Death

William Vaughan

Died at Town County  
Pawleysboro Carroll MARYLANDDate Month Day Native of Occupation  
1902 12 14 Y M D. Gelder.  
Male White MarriedHusband F-1 Number of children living  
of Mariah Vaughan 5

Widower

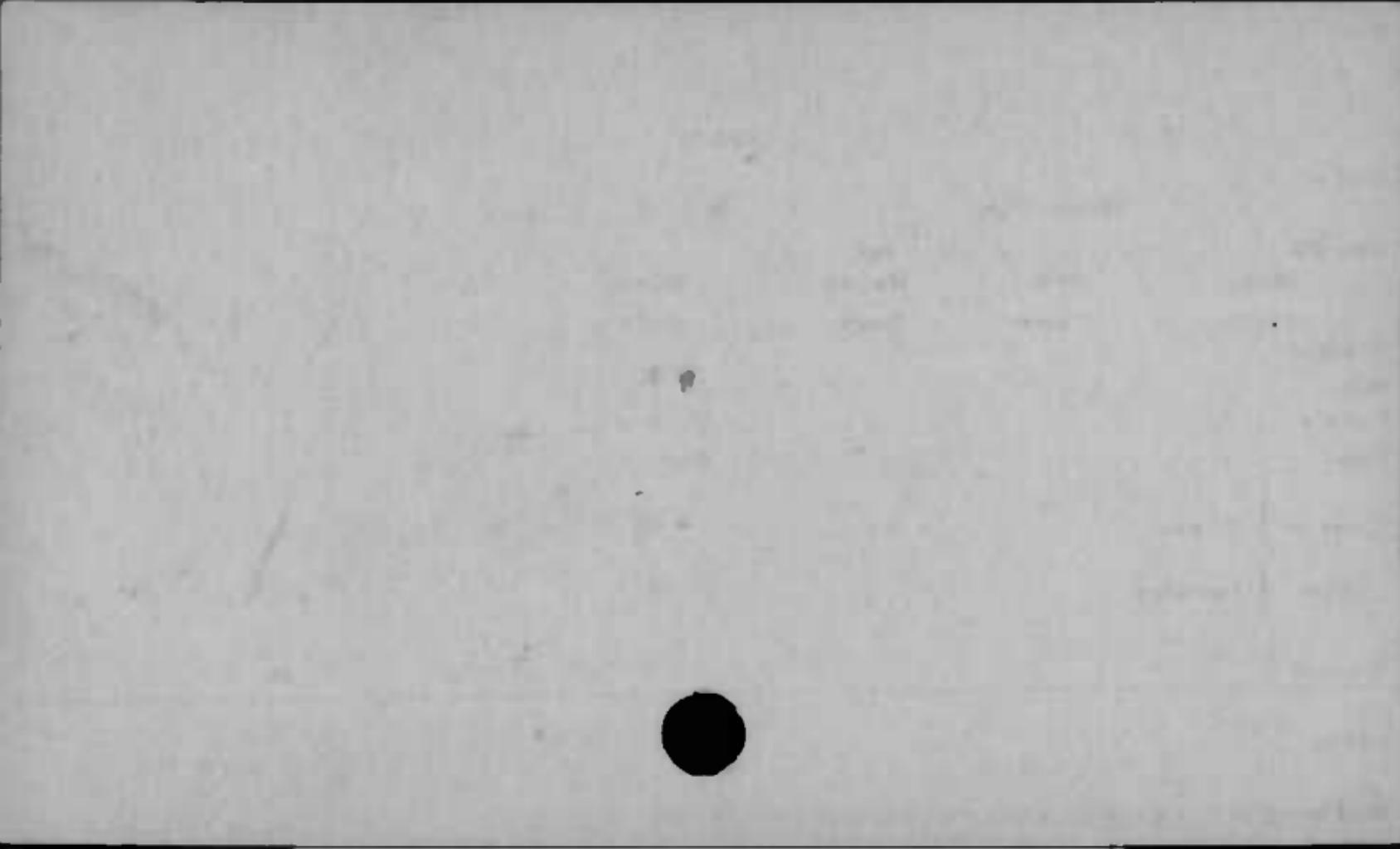
Father's Name Joslyea Vaughan Mother's Name a3  
Mariah Vaughan Lucas.Cause of Primary Disease How long sick  
Death Immediate Cardiac Failure One week.

Reported by Dr. H. S. Lewis, M.D.

Address

Pawleysboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Agnes Maut.*

near <sup>Town</sup> Harvey

<sup>County</sup> Carroll

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1902

12 6

Age

81 11 28

med

Housewife.

~~Black~~

White

Widow

~~Black~~

Female

Second

Married

~~Black~~

~~Black~~

~~Black~~ of

Wife

Father's  
Name

Isaac Fisher

Mother's  
Maiden Name

Don't know.

Cause of

Primary

Malignant disease of stomach

How long sick

one year

Death

Immediate

et housewife

Accident, Suicide, Homicide

Reported by

Patt Seiss.

Address

40



Daweytown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

288

TO BE ANSWERED BY  
NEAREST FRIEND

Janie May Williams				CERTIFICATE OF DEATH		
Died at Gamber		Town Carroll		County MARYLAND		
Date of death 1902	Month Dec	Day 4	Age 25	Years 3	Months 1	Days 4
Sex Female	Color or Race White	Birth-place Md				
Married, Single or Widowed Single	Occupation Nurse					
Name of Wife or Husband						
Father's Name		Father's Birthplace Md				
Mother's Maiden Name Edith Blizzard		Mother's Birthplace Md				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 2 years		
	Immediate Heart Failure	How long 1 day		
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr S. N. Grimes	
		Address	Gamber Md	
Accident or Suicide?				



<b>Uiah Yingling</b>					
Town			County		
<b>Mayberry</b>			<b>Baltimore</b>		
Month	Day	Y.	M.	D.	Native of
<b>June</b>	<b>29</b>	<b>75</b>			<b>Md</b>
Date 1902					Occupation
<b>Male</b>	White	Married	Widow	<b>Famer</b>	
<b>Female</b>	<b>Colored</b>	<b>Single</b>	<b>Widower</b>	Number of children living <b>6</b>	
Husband of	<b>Sarah Ann Yingling</b> <sup>81</sup>				
Wife					
Father's Name	<b>George Yingling</b> <sup>Mother's</sup> <sub>Maiden Name</sub>				
Cause of Death	Primary	<b>Arterio Sclerosis</b>			How long sick <b>3 mos</b>
	Immediate	<b>Gangrene</b>			Accident, Suicide, Homicide
Reported by	<b>L. Birnie M.A.</b>				
Address	<b>Taneytown</b>				

Must be signed by physician, if any in attendance, otherwise by co<sup>n</sup>oner, undertaker or minister.

